

FILED 12 DEC 19 1020AMC-ORP

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Portland _____ DIVISION

DANIEL RAY LEVITT

(Enter full name of plaintiff)

Plaintiff,

Civil Case No. 3:19-cv-02026-SI
(to be assigned by Clerk's Office)

WCSO DEPUTY UPTON, ANDREW SKINNER
WASHINGTON COUNTY SHERIFF'S OFFICE, NAPHCARE MEDICAL
MULTNOMAH COUNTY SHERIFF'S OFFICE
MULTNOMAH COUNTY JAIL

MULTNOMAH COUNTY JAIL MEDICAL

COLUMBIA COUNTY JAIL
WELLPATH MEDICAL

(Enter full name of ALL defendant(s))

COMPLAINT FOR VIOLATION OF CIVIL
RIGHTS (PRISONER COMPLAINT)

Jury Trial Demanded

Yes No

Defendant(s).

I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

Plaintiff

Name: DANIEL RAY LEVITT

Street Address: 3559 SE 65th AVE

City, State & Zip Code: PORTLAND, OR 97206

Telephone No.: 503-801-3992

Defendant No. 1 Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone No.: _____

Defendant No. 2 Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone No.: _____

Defendant No. 3 Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone No.: _____

Defendant No. 4 Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone No.: _____

II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

FREE DOM AND LIBERTY, CUSTODY RIGHTS, HEALTHCARE, PERSONAL WELL BEING

III. STATEMENT OF CLAIMS

Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

ON OR ABOUT NOVEMBER 7, 2018, WCSO DEPUTY UPTON BROKE STATUTES AND RULES DURING A PURSUIT WHICH CAUSED THE VEHICLE I WAS DRIVING TO WRECK, CAUSING ME MULTIPLE INJURIES.
WCSO THEN PRESSURED DOCTORS TO RELEASE ME FROM HOSPITAL BEFORE FULLY TREATED. WCSO JAIL STAFF AND NAPLACARE MEDICAL THEN DID NOT FOLLOW DOCTOR'S CARE ORDERS, NAPLACARE DENIED ME WHEELCHAIR, MEDICINES, GAVE ME WRONG MEDICINE, DENIED ME ANTIBIOTICS AND SO WOUND WAS NOT PROPERLY HEALED WHEN STICHES REMOVED LEAVING PERMANENT SCARRING, GIVEN WRONG MEDS CAUSING PERMANENT DAMAGE, JAIL DON'T FOLLOW JUDGE'S ORDERS RESULTING IN 2 DAYS IN JAIL

Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

ANDREW SKINNER DID NOT INFORM ME OF MY RIGHTS, MISFIZED DETAINER, LEFT GPS ON TOO LONG, LIED IN PAPERWORK,

ALTERED LIFE WORKS EVALUATION PAPERWORK DECAYING
TREATMENT, DENYING PROPER TREATMENT, MY FINGER
WAS BROKEN IN MUL. CO. INVERNESS JAIL, NOT
TREATED SO IT HEALED/SET WRONG, TOOK WHEELCHAIR,
DENIED MEDICAL TREATMENT FOR ANKLE AND KNEE INJURIES,
DENIED ME PRESCRIBED MEDICATIONS

Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

COLUMBIA COUNTY JAIL, WELL PATH MEDICAL DENIED
PRESCRIBED MEDICATIONS, DENIED KNEE BRACE, DENIED
ORTHOTICS + SHOES, DENIED CRUTCHES, NO ALLOW, INADEQUATE
MATTRESS, IMPROPER CUSTODY HOUSING - PUNISHING ME FOR
MY DISABILITIES, WARTS, LACK OF PREFERRED SANITATION
SUPPLIES, FAULTY WATER TREATMENT SYSTEM

(If you have additional claims, describe them on another piece of paper, using the same outline.)

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

Yes No

V. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

ORDER CUSTODY FACILITIES + SERVICES TO PROVIDE Proper

NEEDS TO MYSELF AND FUTURE INMATES, AND:

WCSD - \$50,000⁰⁰

NAPHCARE - \$ 20,000⁰⁰

ANDREW SKINNER \$ 20,000⁰⁰

DEPUTY UPTON - \$ 20,000⁰⁰

MULTNOMAH COUNTY JAIL - \$ 50,000⁰⁰

COLUMBIA COUNTY JAIL - \$ 20,000⁰⁰

WELLPATH - \$ 20,000⁰⁰

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8th day of DECEMBER, 2019.


(Signature of Plaintiff)